

212007939

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

002	Total Number of Vehicles	Local No./ District 127	Agency Case No. B2-019522	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 03-06-2012		TIME OF ACCIDENT 1550	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1552	LATITUDE	
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 27 AND CORNHUSKER		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13224525		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 02	DRIVER	JILLIANNE L PFEIFER		PHONE (402) 430-1409	LOCAL NO.	
V2/N 02	DRIVER ADDRESS	216 W. DAWES, , LINCOLN, NE, 68521		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07-21-1991
G 6	OWNER	MATTHEW P PFEIFER		PHONE ()	LOCAL NO. 9-28-47 (MATT)	
	OWNER ADDRESS	216 W DAWES AVE, , LINCOLN, NE, 68521		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H 2	LICENSE PLATE	PA NO. TAJ954	YEAR 2007	MAKE Mazda	MODEL M3I	BODY STYLE 4 door Sedan
V1/O 1	VEHICLE	2007	Mazda	M3I	4 door Sedan	RED
V2/O 1	VEHICLE ID NO. (VIN)	JM1BK12F171719515		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 25		
	TOWED TO	TOWED BY		INSURANCE COMPANY AMERICAN FAMILY MUTUAL		
				POLICY NO. 2602-2473-02-62-FPPA-NE		
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H13362871		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	AMANDA D HAAS		PHONE (402) 429-2094	LOCAL NO.	
V2/P 1	DRIVER ADDRESS	2934 N. COTNER, , LINCOLN, NE, 68507		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	03-01-1993
J 01	OWNER	O'REILLY AUTOMOTIVE INC		PHONE (402) 475-1188	LOCAL NO.	
	OWNER ADDRESS	1525 CORNHUSKER, , LINCOLN, NE, 68521		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE	TC NO. SXW928	YEAR 2004	MAKE Ford	MODEL RNG	BODY STYLE Pickup truck
V2/Q 4	VEHICLE	2004	Ford	RNG	Pickup truck	WHI
	VEHICLE ID NO. (VIN)	1FTYR10D74PA32488		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 200		
K 02	TOWED TO	TOWED BY		INSURANCE COMPANY SAFETY NATIONAL CASUALTY		
				POLICY NO. CAS4043739		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS			Seat Position	Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	Body Region	Injury Sev.
					Trans.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

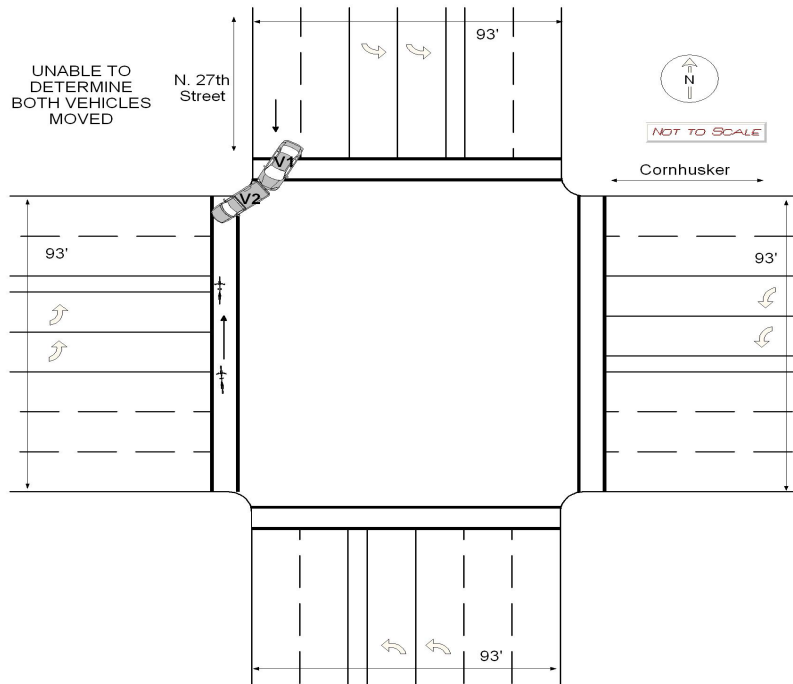
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B2-019522



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 said she was southbound on 27th turning right onto Cornhusker on a green light. She said that a northbound bicyclist suddenly appeared in the crosswalk and she hit her brakes. V2 was then struck in the rear by V1. D1 said she was turning onto Cornhusker behind V2 when D2 suddenly hit their their brakes. D1 was unable to get stopped and collided with rear of V2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE ()
	NAME	ADDRESS			PHONE ()

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	002	VEH 2	001	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian		
1		X			N. 27TH				POINT OF IMPACT 01		POINT OF IMPACT 05		1 None used - vehicle occupant		Y	Y	Y		
2		X			N. 27TH				POINT OF IMPACT 01		POINT OF IMPACT 05		2 Lap & shoulder belt used		N	X	N		
1	05	06 Turning left				MOST DAMAGED AREA 01		MOST DAMAGED AREA 05		4 Not deployed		4 Lap belt only used		ALCOHOL LEVEL TESTED					
2	05	08 Entering traffic lane								5 Not applicable/ No airbag available		5 Child safety seat used		BAC LEVEL					
01 Essentially straight ahead					09 Top & windows		02 03 04		6 Unknown		6 Child booster seat used		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1		Driver No. 2		
02 Backing					10 Undercarriage		01 05		VEHICLE 2		7 DOT approved helmet used		1 Neither alcohol nor drugs suspected		1		1		
03 Changing lanes					11 Total (all areas)		08 07 06		VEHICLE 2		8 Costume helmet used		2 Yes - alcohol suspected						
04 Overtaking/ Passing					12 Other				VEHICLE 2		9 Restraint use unknown		3 Yes - drugs suspected						
05 Turning right					13 Unknown				VEHICLE 2				4 Yes - alcohol & drugs suspected						
05 Turning right									VEHICLE 2				5 Unknown						
OFFICER NO. 927					TROOP/ TEAM/ BEAT 1B					DEPARTMENT 5501 Lincoln Police Department					Photographs taken? YES NO				
INVESTIGATOR NAME (Print or Type) Bonnie Nichols					INVESTIGATOR SIGNATURE Digital Certificate with Nebraska Crime Commission					DATE OF REPORT 03/07/2012									